



**\*\* All claims must be reported within 30 days from when Insured first becomes aware of a potential loss. \*\***

## LOSS OR DAMAGE CLAIM FORM

Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Unit Space Number: \_\_\_\_\_ or Container (Mobile) Number: \_\_\_\_\_

Legal Owner of Property at Time of Loss: \_\_\_\_\_

**This claim is made against the insurer for:**

Storage Unit (Contents)

Long Distance Transit (LDT)

Mobile Storage Container (Contents)

Damage to Container (Damage Waiver)

Date Reported:

Date of Occurrence / Discovery:

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Briefly describe the events that led up to the loss:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Storage Protectors

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIM IS DETERMINED			
Description of Item	Quantity	Original Cost	Repair / Replacement Cost
<b>Total</b>		\$	\$

*\* If applicable:*

Date loss was reported to Police/Sheriff Department: \_\_\_\_\_

Case Number: \_\_\_\_\_

In signing this form, I declare, under the penalty of perjury, that all the information I have provided is true, correct, and complete.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

Please email completed form to [SPclaims@falveyins.com](mailto:SPclaims@falveyins.com)

Include pictures of the damaged items and proof of forcible entry to the storage unit if applicable.

**Claims Processing Time Disclaimer:**

*Please be advised that due to administrative and reporting procedures it will take a minimum of 4-6 weeks from the date the claim is reported (Date Reported) to the Insurer, for any claim to be adjusted and finalized. Please note that all claims will be opened immediately once all required documentation is received, and our claims team will be in communication with you throughout the process. Coverage type, limit amount purchased, as well as paid premium receipt must be demonstrated at the time of loss.*